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ECONOMIC COMMISSION FOR AFRICA

Second African Population Conference
(organized in co-operation with the
United Nations Fund for Population Activities)
Arusha, United Republic of Tanzania
9-13 January 1984

Item 11 of the agenda

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SUMMARY OF PREPARATORY ACTIVITIES FOR THE INTERNATIONAL CONFERENCE ON POPULATION - 1984

Note of the Secretary General of the Conference*

*Prepared by the Population Division, Department of International Economic and Social Affairs of the United Nations Secretariat.

1. During its second session in 1981, the Economic and Social Council of the United Nations decided to convene in 1984 an International Conference on Population. The Council stipulated that the Conference should focus on questions of the highest priority and would contribute to the review and appraisal of the World Population Plan of Action adopted at Bucharest in 1974. In conformity with the decision of the Economic and Social Council, the Conference will work within the framework of the Plan of Action the principles and objectives of which remain fully valid, and should, in addition, contribute to its further implementation.

2. Within the organization of the United Nations, the Population Commission was designated as the intergovernmental preparatory committee of the Conference. The Executive Director of the United Nations Fund for Population Activities was appointed Secretary-General of the Conference, and the Director of the Population Division of the Department of International Economic and Social Affairs was appointed Deputy Secretary-General. The United Nations Fund for Population Activities, the Department of Technical Co-operation and the Department of International Economic and Social Affairs were each given responsibility in the preparatory work for the Conference; co-ordination of substantive preparations for the Conference were assigned to the Population Division of the DIESA. The Council also agreed to accept the invitation of the Government of Mexico to act as host to the Conference, and decided to hold it in Mexico City from 6 to 13 August 1984.

In order to co-ordinate the substantive contribution of the regional commissions, specialized agencies and other bodies of the United Nations system, the Administrative Committee on Co-ordination established a special task force. The task force met twice in Geneva, 18-21 May 1982 to organize

inputs into the substantive preparatory work and on 15-20 September 1983, to review and comment on the draft documentation which had been prepared. Further, to provide overall guidance, orientation and co-ordination of the inputs from the relevant secretariat of the United Nations system, a Steering Committee, chaired by the Director-General for Development and International Economic Co-operation, was established. The Steering Committee met on 31 March 1982, 21 January 1983 and 14 October 1983.

3. Substantive preparatory activities for the Conference had as their principal goal the preparation of two documents which would serve as the basis for its discussions. The first of these documents is a review and appraisal of the progress made towards achieving the goals and recommendations of the World Population Plan of Action, examining the principal demographic trends and population policies adopted during the years since the World Population Conference. The second document, closely linked to the first, sets forth a set of specific recommendations for further implementation of the Plan of Action in the light of the experience gained during the past ten years.

4. For the preparations of these documents, the goal was to draw upon as wide and varied as possible a body of expertise, bearing in mind the need for the utmost economy, as stipulated by the Economic and Social Council. In order to carry out the preparations, four expert group meetings were held, one for each of the demographic issues of the highest priority as that which had been identified by the Population Commission:

(a) Economic, social, demographic and political factors related to the family and fertility with particular reference to countries of high fertility;

(b) Population distribution and development strategies, with reference to rural development, urbanization and internal and international migration;

(c) Economic, social, demographic and political factors linked to health and mortality, especially in countries of high mortality;

(d) Interrelationships between population, resources, environment and development.

5. In each one of these meetings, some 10-15 experts were invited, along with representatives of the regional commissions and the Specialized Agencies of the United Nations and of selected intergovernmental and non-governmental organizations concerned with population. The meeting of the Expert Group on Fertility and the Family took place in New Delhi from 5 to 11 January 1983; that of the group on population distribution, migration and development was held in Hammamet from 21 to 25 March 1983; the Expert Group on Population, Resources, Environment and Development was held in Geneva from 25 to 29 April 1983; and the meeting on mortality and health policies took place in Rome from 30 May to 3 June 198

6. The four expert group meetings worked within the following set of basic guidelines: first, the principles and objectives of the World Population Plan of Action are not subject to change since they remain fully valid; second, it is necessary to translate these principles and objectives into operational terms and to propose solutions and programmes of action usable by policy makers and those responsible for the implementation of the programmes; third, it is desirable to expand the Plan of Action in such a manner as to permit the integration of additional development sectors; finally, the necessity to give particular attention to questions referring to human rights. In general, the expert groups were asked to attach particular importance to practical implications of each of the topics on their agenda.

7. For each of the expert groups, the Population Division prepared a background report reviewing the theme of the meeting to serve as a basis for the group's discussions. In addition, the Secretariat commissioned a series of papers on specific issues by individual experts. Following each of the meetings, the Secretariat prepared a report summarizing the group's deliberations and presenting the specific recommendations made by the expert group. It is anticipated that the proceedings of the four expert group meetings will be published in due course.

8. In addition to the documents mentioned above, the Population Division also carried out a survey among Governments concerning their appraisal of their country's demographic trends and their population policies. This Inquiry was the fifth in a series which began in 1963. As of mid-October 1983, 116

Governments had submitted their responses. Analysis of these returns has provided valuable information for the preparation of documents for the Conference, and in particular for the review and appraisal of the Plan of Action as well as for recommendations for future action.

9. In addition, as called for by the Plan of Action itself, the Population Division prepared its fourth biennial report on the monitoring of population trends and projections of population. The topics dealt with included population size, mortality, fertility, urbanization, distribution, internal and international migration, interactions between population, resources, environment and development, and finally, the integration of demographic factors in development planning and policy making. The results of this fourth monitoring study have also been extensively utilized for the preparation of the basic dcouments for the Conference.

10. The full set of these documents dealing with the basic questions before the Conference will be distributed by the Secretariat of the Conference to the Governments at the beginning of December 1983.

11. A series of consultations such as this meeting in Arusha, are also being held in other regions, also to help ensure the substantive contribution of the regional commissions to the Conference, as requested by the Economic and Social Council. The first such meeting, organized by the Economic Commission for Europe with the collaboration of UNFPA, was held in Sofia, 6-12 October 1983. Additonal meetings will be held in Lima, 29 March to 6 April and in Amman, 25-29 March 1984. In the ESCAP region, the Third Asian and Pacific Population Conference, 1982, has already been followed up by a meeting of the ESCAP Committee on Population, 23-29 August 1983, where the International Conference on Population was on the agenda.

12. In addition to activities at the intergovernmental and governmental levels, the Conference of Non-Governmental Organizations in Consultative Status with the Economic and Social Council of the United Nations (CONGO) also organized an international consultation on population questions. That consultation, which took place in Geneva from 13 to 15 September 1983, gathered together some 250 participants coming from some 60 countries and representing more than a hundred organizations.

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ECONOMIC COMMISSION FOR AFRICA

Agenda Item 12
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Arusha, United Republic of Tanzania

9-13 January 1984

PRIORITIES IN POPULATION PROGRAMS IN AFRICA*

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I. INTRODUCTION

1. The purpose of this paper is to identify priorities in population programs in Africa. The first part of the paper discusses the review that although Africa has higher fertility, mortality and population growth rates as compared with Asia and Latin America, her population policies are the least comprehensive. On this basis the second part of the paper outlines a plan of action which attempts to meet African requirements.

II. POPULATION LEVELS, TRENDS AND POLICIES IN AFRICA, ASIA AND LATIN AMERICA

2. As can be seen from Appendix Table 1, one fifth of the African population has a crude death rate (CDR) of 20 or over per thousand. Further, 45 per cent have a CDR of between 14 and 19 per thousand, and 35 per cent with a CDR of between 10 and 14. No more than 0.4 per cent have a CDR of less than 10 per 1000.

3. By comparison Latin America has a formidable record as compared with Africa. While in Africa no more than 0.4 per cent of the African population has CDR of less than 10,85 per cent of the population in Latin America has an average CDR of 7.7 and only 3 per cent has a CDR of 15 and over as compared with 65 per cent in Africa.

4. Asia's mortality level, although not as low as that of Latin America, is still lower than that of Africa. Again 53 per cent of the Asian population has a CDR which is less than 10 as compared with 0.4 percent in Africa.

5. With regard to fertility (Appendix Table 2), almost one third of the African population (32.4%) has a crude birth rate (CBR) of 50 and over and 81 per cent with a CBR of 45 and over, which means that no more than 19 per cent of the population has a CBR less than 45 of which 18.5 per cent has a rate between 35 and 44 and no more than 0.4 per cent with CBR of less than 30.

6. The comparison between Africa and Latin America is quite striking. While 81 per cent of the population in Africa as shown above has a CBR of 45 and over, in Latin America, no more than 3.2 per cent has that CBR. In fact the percentage of the population with a CBR of 40 and over is no more than 9 per cent in Latin America as compared with 92 per cent in Africa. At the other extreme, while in Latin America 84 per cent of the population has a CBR of less than 35, in Africa this proportion is no more than 0.5 per cent.

7. Asia provides a similar situation (although to a lesser extent) to that of Latin America. No more than 6 per cent has a CBR of 45 to 49 and a similar percentage with a CBR of 40 to 44. Finally about 45 per cent of the Asian population has a CBR of less than 30.

8. In other words amongst the developing regions, Africa has highest fertility and mortality. Further the picture provided by recently available estimates of fertility trends in Asia and Latin America is one of the continuing decline. In Africa, the scanty data on trends suggests that the birth rates may have increased in some countries, as will be discussed below.

9. Frank has shown that the proportion of childless women by the end of the child-bearing period was as high as 32 per cent in Gabon, about 20 per cent in both the Congo and Zaire, between 10 and 19 per cent in seven other countries, and between 6 and 9 per cent in six countries 1/. These fertility shortfalls signal the importance of infertility for the future demographic course of Sub-Saharan Africa in that declines in infertility levels can be a powerful source of increased population growth in the region.

10. A second factor, conducive to a possible rise in fertility, is changes in breast-feeding habits 2/. When birth control is used, any shortening in the breastfeeding period may be counter-balanced by the effect of the use of contraception and thus the fertility level may remain unchanged. In contrast, many women who have been abandoning the practice of breastfeeding in African countries do not take any birth control measures. The fertility levels of these countries are therefore likely to increase.

11. A third factor is improved nutrition which tends to shorten the period of the postpartum amenorrhea. It is argued that since a minimum level of stored energy is required for the maintenance of regular ovulatory menstrual cycles, poorly nourished women have a longer period of amenorrhea while lactating than well-nourished women. Improvements in health conditions and nutritional standards tend therefore - other things remaining the same - to shorten the interval between births.

12. A fourth factor is the duration of postpartum abstinence which was found to be significantly related to the variation in fertility. This practice is particularly important when its duration is longer than the breastfeeding period. In Africa the decline in the practice of polygamy (resulting from increased education) is likely to lessen the duration of abstinence and thus lead to further shortening of the interval between births 3/

13. Finally, evidence from Tanzania and Kenya has shown that women with primary education have a higher number of births than women with no education. Almost all African countries have set targets for the attainment of universal primary education. Again - other things remaining the same - there is a tendency for fertility to rise with the spread of primary education 4/.

1/ Odile Frank, Infertility in Sub-Saharan Africa, The Population Council, Center for Policy Studies, Working Papers No. 97 June, 1983.

2/ Shorter periods of breastfeeding lead to a shorter period of postpartum amenorrehea and consequently increased chances of conception.

3/ Moni Nag, How Modernization Can Also Increase Fertility, The Population Council, Center for Policy Studies, Working Papers No. 49 November 1979.

4/ The Demography of Tanzania, R. A. Henin Editor, published by the Central Bureau of Statistics, Republic of Tanzania, 1976, pp. 116 - 117. Also see Recent Demographic Trends in Kenya by R. A. Henin, published by the Population Studies and Research Institute, University of Nairobi, 1978.

14. In brief, in the absence of changes in people's attitudes towards family size, the above factors are conducive to a rise in fertility.

15. So far we have discussed the levels of fertility, mortality and population growth in the three developing regions of the world and we have seen that Africa has the highest fertility, mortality and growth rates. Further, while the rate of growth is on the decline in both Asia and Latin America, it is likely to rise further in Africa.

16. Recently the Population Division of the United Nations published two volumes 5/ on population trends and policies. The review shows that Africa with the highest growth rates has the least comprehensively articulated population policies compared with Asia and Latin America. This paper is therefore devoted primarily to indicate how Africa can attempt to create the necessary atmosphere for the creation of a comprehensive population policy whose aim is to bring a balance between population growth, economic growth and the general welfare of its people.

17. Recent population censuses and surveys in African countries have indicated an acceleration in the tempo of internal migration characterized by rural to urban exodus which is creating increasing imbalance in rural/urban population distribution and density. Consequently, current estimates suggest that urban populations are growing at twice or more times faster than the total population and that about half of the urban growth was contributed by rural migrants. It was estimated that the urban population in Africa constituted about 15 percent of the total population in 1950. By 1980 this proportion had risen to almost a third and it is expected to rise to half the continent's population by 2010. Urban growth rates have been highest in Africa as compared to other regions of the world and capital cities have attracted most of the migrants moving out of rural areas.

18. This impressive growth of urban population has resulted in the rapid deterioration and even breakdown of skeletal services and amenities provided in these cities. Consequently, there has been a rapid growth in shanty towns and squatter settlements which have no water, electricity, sewerage facilities and other social services. Along with these problems have merged intractable social problems of robbery, prostitution and juvenile delinquency.

19. About three quarters of all countries in the region consider the spatial distribution of their population as unacceptable. Consequently, most of these countries have policies to decelerate or reverse the trend in internal migratory movements. Several countries have policies and programmes to develop other towns to reduce the attraction of the capital city. Emphasis is also being laid on regional development, integrated rural development, decentralization of administrative, educational, health and other services as well as the development of modern communication systems.

5/ Ibid.

20. The rapid growth in population and urbanization has coincided with a period of relative neglect of the rural economy in most countries of the region. The compounded effect of these phenomena has been an increasing decline in food production which in the last decade has been rendered more severe by annual drought, political strife and refugees and has rendered these countries dependent on imported food at a time when few countries can afford the foreign exchange to buy the quality and quantity of food needed.

21. Against this background it has been noted that while agricultural production d 1963 - 1975 incraased at an annual rate of 2 per cent, demand rose at 2.6 per cent per annum during the same period.

III. PRIORITIES IN POPULATION PROGRAMMES IN AFRICA

22. The first two decades of political independence saw an upsurge of interest in population issues in Africa. In all but a few African countries this interest was translated into national policies and priorities which identified the scarcity of reliable population data as a major hindrance to the formulation of viable development pol cies nnd programmes. While most population programmes in the region since the 1960s have been geared to improving information on the demography of the continent, a number of countries which had had a longer experience in census taking began setting u national institutions which have acted as focal points for articulating population problems and formulating suitable policies and programmes for combatting them. Thus countries such as Kenya, Egypt and Tunisia, among others, established national councils or committees with objectives that included population and development planning.

23. While a majoirty of African countries have established similar structures in the last decade, there is still little understanding and genuine appreciation of interrelationships between population change and economic factors among most government policy makers, planners and project officials. Furthermore, little is known about what the real determinants of demographic changes are.

24. A major prerequisite for the identification of priorities in population programmes in Africa is a serious campaign to create greater awareness among policy makers and planners of the central role of popula ion dynamic variables in economic and social development planning. A second prerequisite is to learn more about the rural society, its structure and changes taking place in that important sector.

25. What is needed is a serious campaign to create the necessary awareness amongst the top planners and policy makers about the role that popula ion plays in development planning. Secondly, we need to go to the rural sector to learn more as to the changes that are taking place. These issues will be addressed in this part of the paper.

A. A. Need for a comprehensive population policy

26. There is need to create an effective "infrastructure" to formulate and implement a comprehensive population policy. While the leadership in a country may be aware of the importance of the population issue, a lot remains to be done in the way of formulation and implementation of a comprehensive and explicit population policy. Government officials at all levels of decision making must be made to appreciate more clearly the interrelationship between population and development.

27. It is therefore important to (i) create awareness amongst the leadership, if such awareness does not exist; (ii) create the necessary awareness amongst civil servants of all cadres and in different sectors of the economy, who will then see the need for the formulation and implementation of a comprehensive population policy, and, (iii) demonstrate how population data can and should be incorporated in economic and social planning at all levels. It is felt that this is a prerequisite for a successful national population programme.

28. Country leaders and in some cases, responsible ministers are well aware of the importance of the population factor in their respective countries as related to development efforts. What is lacking, however, and this explains the weaknesses in both the formulation and the implementation of a comprehensive population policy (and by this we do not just mean family planning but the whole process of the economics of population change and their effect on development programmes), is the absence of knowledge of how population dynamics interrelate with economic and social development and planning. That the leaders are aware of the improtance of the role that population plays in development is evident from the following quotations from speeches given by leaders of two countries, namely Tanzania and Kenya as examples.

(a) TANZANIA

29. The government of Tanzania does not have a specific population or family planning policy, nor is official government support provided to family planning. However, the Family Planning Association of Tanzania has been permitted to operate in Tanzania since 1959. In 1969, the government directed the regional medical officers to make available provision of family planning services in government health services.

30. President Nyerere has made at least two public statements of considerable importance. Parts of two of his statements are given below:

> "Giving birth is something in which mankind and animals are equal, but rearing the young and especially educating them for many years is something which is a unique gift and responsiblity for man. It is for this reason that it is important for human beings to put emphasis on caring for

children and the ability to look after them properly, rather than thinking only about the number of children and the ability to give birth. For it often happens that men's ability to give birth is greater than their ability to bring up children in a proper manner" (May 1969).

"In assessing our progress, however, it must always be remembered that whatever we produce has to be divided between an increasing number of people every year. An extra 380,000 mouths are calling for food this year as against last year. It is no use saying that these extra 380,000 people have hands as well as mouths. For the first 10 years of their lives at the very least, children eat without producing; we as adults have therefore to increase our production accordingly" (September 1973).

(b) KENYA

31. Similar quotations from speeches by President Moi of Kenya are given below:

"Plan your families urges Moi.

President Daniel Arap Moi yesterday said Kenya's rapid population growth was a challenge because it called for careful and vigorous planning to provide employment and livelihood for the people. The President, who was officially opening this year's A.S.K. Nakuru show, urged the wananchi to accept family planning so that the increase of people could be matched with their ability to look after themselves. Noting that the Government was committed to developing the people and not things, President Moi said investment in children did not only cater for the people of today, but also for the leaders of tomorrow" (June 1979).

"Kenya must cope with population explosion - Moi

President Daniel Arap Moi has said that by the year 2000 Kenya's population will increase tremendously and this meant that Kenyans must cope with the situation. The President made the remark after viewing a documentary film entitled "Space Age" presented by the Kenya External Telecommunications Company in State House Mombasa ....." (August 1979).

A plan of action is therefore needed.

B. Plan of Action

32. There are three components for such a plan of action with the purpose of producing a comprehensive and effective population policy. These include: (i) Creat

of awareness amongst the leaders and the policy makers about the close relationship between population change and economic development; (ii) identification of cultural factors which encouraged and sustained child spacing practices in African societies and adapt them to changing modern situations. These practices should emphasize breastfeeding along with other nutritional information and educational campaign; and, (iii) enhancing success in such an information and education campaign by ensuring a knowledge of the determinants of fertility and mortality in Africa.

33. Following are suggestions for operationalizing the three components:

(i) Seminars and workshops for economic and social planners

34. In recent years integrated regional planning has been assuming increasing importance to social and economic planners. As a result, central statistical offices have come under great pressure to provide population data at the district level for the purpose of producing district development plans. An important audience group is therefore the administrators and opinion leaders at province and district levels in a country. For this particular audience a series of seminars and workshops at province and district levels to develop an understanding of the importance of population factors in economic and social planning and development needs to be organized. It is felt that these audiences must have a thorough understanding of population concepts so that they can utilize these concepts in their work. These kinds of seminars are proposed.

Introductory seminars

35. a)The objectives should be to discuss the role that population size, structure and growth play in economic development; b) have specific discussions of population dynamics in the country and their implications to the country's programme for economic and social development; c) have a general discussion of how to use population projections at the district level for a five year plan and how to use the projections in planning social services (health, education, housing, etc.), land use, agricultural production and employment etc; d) discuss the need to initiate population policies as tools for development; and e) provide a general overview of rural development and the provision of services to rural families.

Specialized seminars

36. The introductory seminars are meant to pave the way for further specialized seminars for specialized audiences for whom more specialized material should be prepared in order to introduce them on how to use population data in planning. These audiences are: a) provincial and district planning officers; (b) staff of the planning division and provincial agricultural officers from the Ministry of Agriculture; (c) planners and provincial education officers from the Ministry of Education; and planners and provincial medical officers from the Ministry of Health.

37. One should treat the seminars and workshops both horizontally (across ministries) and vertically (within the same ministry). By this we mean, for economic and social planners one needs to organize workshops at the province and district levels for officers from different ministries. At the province level, for example, it is important to provide data (economic, social and demographic) and show how the demographic situation affects economic and social development at the province level. For district planners, these need to undergo intensive seminars, that is, training on how to use population data for the purpose of producing a five year plan for the district for all sectors. These district plans can then be aggregated to produce a province plan, and the different province plans would be aggregated to produce a national plan.

38. Further, agricultural planners require seminars that would focus on the relationship between population and agricultural and rural planning, and the effect of different agricultural development strategies on population variables. Similar specialized seminars are needed for planning staff in the ministries of health and education, labour etc.

39. It needs to be added that much of the existing population data is not utilized effectively in preparing long range and five year national plans for regional and district plans in many countries in Africa. Many of these countries have made great progress in developing both a national and regional infrastructure for planning both at sectoral and intersectoral levels. There has been a large investment in training both internally and abroad. Cadres of planners receive training at a variety of institutions, most of which do not include population studies as a discipline.

40. Once the need for a comprehensive population policy has been created amongst planners, technicians in different ministries, senior civil servants, administrators, etc., the next step is to draw a comprehensive education/information plan to reach the different sectors of the community and eventually, the family. This is also outlined in the following section.

(ii) Information and Education

Many countries in the region have a long tradition of high fertility. With such historical factors as disease, poor nutrition, inter-tribal conflict, and an inadequate medical technology contributing to high mortality, it was necessary to maintain the population and numerous social and cultural ararngments were developed over time to ensure that sufficient numbers of children would be born. Shared values, customs and beliefs created pressures for early marriage and early childbearing, and some of these are still influential. Bridal wealth for daughters, labour and old age security from sons, and status deriving from large numbers of both, were among the perceived benefits of high fertility. Large families were expected, and, when achieved, they conferred status on both parents and brought utilitarian benefits to the household. High fertility has developed a kind of social momentum. Unless something intervenes to change it, it is likely to continue. There have been forces for change, and they are probably

being strengthened now with urbanization, increasing aspirations for money savings, and other development factors; but in the rural areas where most of the population live, and where agricultural production still depends on peasant methods of farming, a large family is demonstratively better able to cope with the demands of every day life. In such areas modernising influences likely to alter reproductive behaviour are not important.

42. In many African countries women's work even when it is outside the home rarely affects her maternal role and in fact motherhood, in many societies, remains one of the most secure source of social and economic status for women. Many women often bear as many children as they can. The development of a market economy with its demands for the acquisition of durable property, the education of children in formal institutions for long periods, increased desire for greater consumption and leisure are contributing to greater participation of women in paid employment outside the home. As the majority of women join the wage earners and raise their prestige and status in the society, they will tend to have fewer children for a variety of reasons ranging from prolonged education, fear of losing position in career prospects, to the difficulty of paying for housemaids. These changes will however be gradual.

43. Tribal custom provided strong controls that kept teen-age unmarried pregnancies to a minimum. These seem to be breaking down under the influences of modernity and urbanization, and teen-age pregnancies are apparently on the rise. Lack of information about reproductive processes and the relative unavailability of family planning information undoubtedly contribute to this increase in fertility among the young.

44. The age distribution is also favourable for present and future high fertility in the region. Years of high fertility and declining mortality have brought about a condition in which high proportions of the population are in the child-bearing age period or will be moving into it in the future. With at least half the population now under 15 years of age, even larger numbers will begin to reproduce in the next few decades, and this will have obvious consequences for future population growth.

45. There are many situations in which the attainment or preservation of optimal health for mothers and children require that further pregnancies be postponed or avoided entirely. Those who are responsible for providing maternal and child health care need to be trained to recognize these situations and to provide information advice and means that will enable the women reproduce at the time and ages when their health, environmental and economic conditions ensure adequate care for the wanted baby.

46. Many women in many African countries probably a very large majority, do not know about family planning, do not have easy access to information or services, and are positively oriented to high fertility. They will have to be reached with convincing information and motivational reasons about the positive benefits of maintaining the traditional practices of spaced pregnancies. They should also be educated on the physical, psychological and

economic costs of large numbers of closely spaced children. They need to have opportuniteis to discuss these matters and to have credible sources of information and advice. Such education is likely to be more effective if there is greater integration of women in the main stream of national development. Such integration will require the allocation of greater development resources to the rural economy and the informal sector of the economy which are dominated by women. It should be recognized from the start that reproductive behaviour is not likely to change if a majority of women perceive change in their economic and social status. It must also be recognized that the regular use of family planning methods required new kind of routinized life which is not easily adaptable to peasant illiterate and poor women.

47. Both service and information programmes are necessary if national population goals are to be met. Neither is adequate alone. At present in many countries it is likely that existing and latent demand exceeds the supply capability. More people would use family planning methods if they were more readily available at convenient places and convenient times. For family planning to be effective those who start to use a method must continue it. For large numbers of users motivation is likely to be weak at best and they are not likely to continue unless their decisions are supported at frequent intervals, and resupplies can be obtained with minimum cost and effort.

48. The objectives of such a program should be to (i) increase levels of knowledge about nutritional requirements, especially of infants and children, and encourage sound nutritional practice; (ii) develop wider understanding of the importance of immunizations and a greater acceptance of them; (iii)increase awareness of the elements of good personal and environmental hygiene; (iv) develop health delivery systems adaptable to rural conditions; (v) encourage community participation in the organisation and managmeent of primary health care programmes; (vi) encourage and assist in the incorporation of population and family life education among appropriate adult groups; (vii) direct attention to the need for andd the value of sex education in secondary schools and colleges; (viii) provide materials, assistance with curriculum development, and other needed aids to programs of training workers for service in health, community development, and other appropriate extension areas; (ix) provide all relevant audiences with information about what is happening in the country and what it implies for the welfare of individuals, families and the nation; (x) create greater awareness of family planning as a complement to traditional patterns of child spacing; and to provide knowledge about what it is, what its benefits to individuals, families, and communities are, and how it can be practised; bring about a climate of opinion in which family planning ca be freely discussed and debated by adults of both sexes; and, (xii) increase substantially the proportion of couples that follow good health practices for themsleves and their families responsibly.

49. Appropriate populaton content should be introduced into the curricula of schools at appropriate levels, on to adult education courses, literacy courses, family life education courses, and the training programmes of all types of extension workers. Before leaving this part a few words are needed about the role that health plays in development.

50. In considering mortality and morbidity, it is important to remember that health is not only a desirable goal in itself; it is also an indispensable component of social and economic development. Conversely, the attainment of health targets depends upon social and economic progress.

51. Among the most important interactions between health and development are those in which population growth and change are intermediate variables. Health status will affect the age distribution and a change in the age distribution will in turn alter the demand for health services. Family planning is one of the most important operational elements in programmes to reduce rates of population growth, programmes that can also enhance the health of others and infants. Conversely, a sharp decline in early childhood mortality rates is often pre-requisite to lowering fertility rates.

52. The perception of development, as a goal for human communities, gradually widened its focus during the 1970s. The purely economic perception, as typically expressed in terms of gross national product per capita, is increasingly seen as a grossly inadequate measure of human aspirations and achievements. In the first place, information about the national aggregate or per capita product reveals nothing about the distribution of this product among the various groups of the population. There are other more important goals. Such goals include the promotion of human dignity and welfare, and the radical elimination of poverty as the greatest obstacle to national and international progress and peace. Many forces have been at work to bring about this change of perception of the nature of socio-economic development, but one of the most important has undoubtedly been the increasing importance assigned to health.

53. Health is increasingly being recognized as a means and, indeed, an indispensable component, if not a pre-requisite of social and economic development. The many vital links between health and development are thus seen as interaction phenomena with far-reaching implications. One such implication is the realization that the provision of health services is only one of many contributions to health development, that the improvement of the health status of populations requires a wide range of mutually supportive policy measures and cannot be restricted to health policy in the more narrow traditional sense. The attainment of health targets is dependent on appropriately defined progress on the economic front, on social policy measures directed towards greater equity, improvements in the physical and sanitary environment, on the availability of adequate food supply, on implementation of appropriate population policies and also on political and institutional changes enlisting the active co-operation of the public. Hence, there is new emphasis on health development as an integral component of national and international development strategies.

iii) Need for policy oriented research

54. At this stage it needs to be mentioned that little can be done with regard to population unless we know what determines demographic varialbes in the African setting. The traditional approach of studying demographic determinants using such variables as education, income, employment occupation, etc. is not remunerative by itself. More attention needs to be given to what is happening in the rural/agricultural sector, where 80 to 90 percent of the population in Africa live. More needs to be known as to

the effect of change (or no change) in the agricutlural sector on the demographic variables, and the impact of the latter on agricultural development.

55. Policy oriented researh in the field of fertility, mortality and migration determinants ought to move beyong standard survey type instruments, towards more intensive exploration of community and family-based processes and relationships. It seems to the present writer that the issues and problems that need to be researched can be usefully organized and defined around two broad questions: What is the role and efficacy of agricutlural development/change in the accommodation of population growth in a country? What are the demographic consequences associated with agricutlural development, and what aspects of the development/change process can be adjusted, specified and manipulated by governments to hasten changes in mo tality, fertility and migration? In what way does the introduction of new health delivery systems affect changes in other sectors?

56. While recognizing that there are a number of possible outlets for growth in numbers, there is little doubt that agricultural change and related organizational changes in agriculture although important, are not the only vehicle for accommodating population growth. How effective, how valuable is agricultural development as a mechanism fo for absorbing population increases? What obstacles, difficulties, and uncertainties arise in the process? Who participates in, who benefits (by class, region, age, sex and so forth) from agricultural development? In what form - increased size and/or security of holdings, subsidized inputs, regularized distribution of services, etc. are benefits enjoyed? Has development/agricutlural schemes and related organizational changes occurred spontaneously and autonomously? What has occurred in the areas adjacent to development/settlement schemes? What consequences have been noted in long settled, often densely populated areas which make use of the resettlement option? What socio-economic and demographic changes might have been expected in such regions had the resettlement outlet not been available? Does resettlement/reform represent a viable, affordable, and (in terms of government financial and manpower resources and the resources of individual households) an efficient means of absorbing expected future population increases? What alternatives exist, with what associated risks and costs?

57. While advocating explanation of the over all efficacy of resettlement/change in agricultural organization, a focus on the specific demographic consequences, on the impact of fertility, mortality and migration patterns, of such schemes and processes would seem to be of special interest. For example, what are the implications of development/resettlement/reform for the determinants, influences, and incentives and disincentives bearing on demographic behaviour? What changes have occurred in the value of child labour through resettlement and associated cropping and technological changes? What tasks do children perform by age and sex, with what productivity, for what rewards? What channels of access have been opened to urban values and life styles? What social services have been delivered with what demographic impacts? What changes have occurred in the role/status of women, in the value of children as a form of insurance against

various contingencies (old age, death)? What interest groups and classes are represented in resettlement/reform areas? How 'loose' or 'tight' a community structure emerged? To what extent can families evade or export the costs of high growth rates? What are the opportunities for individual and household economic and social mobility and what role does fertility play in such processes? What means exist to influence fertility through normative and administrative pressures and direct sanctions?

IV. Conclusion

58. It has been seen that Africa has been experiencing shortages in agricultural production. It was also seen that Africa has the highest fertility, mortality and population growth rates amongst the three developing regions; the other two being Latin America and Asia. Further, it was shown that both Latin America and Asia have relatively strong population policies as compared with Africa. For this reason this paper shows that it is important to create awareness about the close relationships between population and economic development amongst the policy makers in countries in the region. Once this awareness is created a population policy can be formulated and fully implemented. Further, a strong information and education campaign is needed to carry the message to the household - the wife and the husband - about the importance of child spacing and the quality of life. It needs however to be borne in mind that we know very little about the determinants of fertility, mortality and migration in Africa. For this reason a new approach has been suggested. This knowledge is a pre-requisite for a successful population policy.

Appendix Table 1

Death Rates in Africa, Asia and Latin America

(i) Africa

Broad CDR Groups	Population (Millions)	Percent of Total	Average CDR
25 deaths & over per 1000	31.1	6.2	25.1
20-24 deaths per 1000	68.2	13.7	22.0
15-19 deaths per 1000	223.4	44.9	19.0
10-15 deaths per 1000	173.4	34.8	13.0
Less than 10 deaths per 1000	1.9	0.4	7.2

(ii) Latin America

Broad CDR Groups	Population (Millions)	Percent of Total	Average CDR
25 deaths & over per 1000	-	-	-
20 - 24 deaths per 1000	-	-	-
15 - 19 deaths per 1000	11.7	3.1	16.9
10 - 14 deaths per 1000	44.6	11.8	10.8
Less than 10 deaths per 1000	320.8	85.1	7.7

(iii) Asia

Broad CDR Groups	Population (Millions)	Percent of Total	Average CDR
25 deaths & over per 1000	-	-	-
20 - 24 deaths per 1000	42.7	1.6	22.0
15 - 19 deaths per 1000	1,058.4	39.6	15.6
10 - 14 deaths per 1000	155.6	5.8	12.6
Less than 10 deaths per 1000	1,414.0	53.0	7.0

Sources: Population Reference Bureau, 1982.

Appendix Table 2

Births Rates in Africa, Asia and Latin America

(i) Africa

Broad CBR Groups	Population (Millions)	Percent of Total	Average CBR
50 births & over per 1000	160.2	32.4	52.6
45 - 49 births per 1000	237.6	48.2	47.1
40 - 44 births per 1000	55.9	11.4	41.4
35 - 39 births per 1000	36.7	7.4	36.9
30 - 34 births per 1000	0.7	0.1	32.3
Under 30 births per 1000	1.9	0.4	29.0

(ii) Latin America

Broad CBR Groups	Population (Millions)	Percent of Total	Average CBR
50 births & over per 1000	-	-	-
45 - 49 births per 1000	12.2	3.2	46.1
40 - 44 births per 1000	22.5	6.0	41.9
35 - 39 births per 1000	29.4	7.8	37.2
30 - 34 births per 1000	220.8	59.7	32.2
Under 30 births per 1000	92.1	24.4	24.2

(iii) Asia

Broad CBR Groups	Population (Millions)	Percent of Total	Average CBR
50 births & over per 1000	-	-	-
45 - 49 births per 1000	156.6	6.1	46.9
40 - 44 births per 1000	155.8	6.1	43.9
35 - 39 births per 1000	816.1	32.0	35.4
30 - 34 births per 1000	287.9	11.3	33.4
Under 30 births per 1000	1,137.3	44.5	22.2

Sources: Population Reference Bureau, 1982.